M—1/47
r. 5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

National Office of Vital Statistics

FILED JUN 15 1948

Registration District No. 377

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 18241

Registrar's No. 1323

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6939 Waterman Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6939 Waterman Ave. 5
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME ELIZABETH WIETHOLTER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late Moritz

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Mar. (Month) 8 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	2	16	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business .....

FATHER
12. Name Frederick Hackman
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Margaret Linneman
15. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant L. Ray Schuessler
(b) Address 6939 Waterman Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) 5-25-48 (Date received local registrar) (b) Carl A. Sharp M.D. (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1948 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 10, 1947, to May 24, 1948; that I last saw her alive on May 24, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cicatrix Cardiac Dilatation

Due to Coronary Artery Disease (Thrombosis)

Due to Arteria Sclerosis

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

93d

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature H. G. Kreming (M. D. or other)

Address 4548 Harris Av. Date signed 5/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Richard W. Storesand.....

Licensed Embalmer No.....4007.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.